

NEWMARKET FIRE & RESCUE

4 Young Lane
Newmarket, NH 03857
(603) 659-3334
Fax (603) 659-8804



Newmarket Fire and Rescue is a combined department of both volunteer and full time staff. Our volunteers are essential to the operation of the department, and respond to calls at any time during the day or night. We employ two full-time Firefighter/EMTs who create a base level of staffing to our department during the day. Our department provides both fire and emergency medical service to the town of Newmarket, and emergency medical service to the town of Newfields. We respond to close to 1000 calls a year.

As a member you are expected to sign up for duty time and/or turn out for calls regularly. A call can take several minutes or several hours. The cost to train and equip an EMT or firefighter is high; as a result we value your commitment very highly. We expect a strong, long lasting commitment to living in and serving the Town of Newmarket.

We accept members for both fire and medical operations, and encourage member involvement in both. As a new member you are required to attain certification as an EMT, firefighter, or both. These classes are very time and labor intensive, each lasting approximately 120 hours each. We cover training costs for those willing to commit their time to the department.

Continuing training is essential. All members are required to participate in monthly departmental training. Meetings and training are held on Tuesday evenings. The department meeting is held at 6:30 on the first Tuesday of every month. After the meeting there is combined EMS/firefighter training. EMS specific training is held on the second Tuesday at 6:30. Fire specific training is held on the third Tuesday at 6:30. More involved training is periodically conducted on weekends, and there are several mandatory yearly training requirements as well.

Along with membership in the department you will also become a member of the Newmarket Firefighters Association. The Association is a non-profit organization founded to raise contributions which are used to provide equipment and resources above and beyond what the Town of Newmarket provides the department. The Association meets on the first Tuesday of the month, before the department meeting, and hosts many events for the public throughout the year.

Thank you for your interest,

Rick Malasky, Fire Chief

WHEN YOU TURN IN YOUR COMPLETED APPLICATION YOU MUST SET UP AN APPOINTMENT WITH THE SECRETARY TO SPEAK WITH CHIEF MALASKY. THIS MEETING IS GENERALLY HELD ON THE LAST TUESDAY OF THE MONTH AT 6PM AT THE FIRE STATION.

In order to process your application there are a few things that must be pointed out:

- **CRIMINAL RECORD FORM (DSSP391 lower left corner):** Fill out and sign Section I; **Section II is signed ONLY in the presence of the Notary.** You may get this form notarized at the Newmarket Town Clerk's Office (tell them it's for the Fire Department), we have an account.

Form (DSSP391) is your application for fingerprints. **You must call** for an appointment at a LIVESCAN location. Take this form and ID. They will process your fingerprints and give you their form (Applicant LIVESCAN Fingerprinting), which must be returned to Meg Trafton at the Newmarket Fire Station.

- **On the EMPLOYMENT ELIGIBILITY VERIFICATION FORM: your signature is needed on page one and a copy of your driver's license AND social security card OR a copy of your passport is necessary for processing.**

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www.newmarketfire.com

MEMBERSHIP APPLICATION

Date: _____

Which area of the Fire & Rescue are you interested in? FIRE EMS BOTH
(Circle one)

PERSONAL INFORMATION

Name: _____

Address: _____ Town: _____ Zip: _____

Home Phone: _____ Cell: _____

Email Address (please print): _____

Length at present address: _____ Are you a student: _____ If Yes, where do you live? _____

Driver's License #: _____ State: _____

Do you have an adverse driving record? ☐ No ☐ Yes (describe briefly on back of application)

Have you ever been convicted of any crime? ☐ No ☐ Yes (describe briefly on back of application)

EDUCATION

School	Name & Location	Course of Study	Years Completed	Did you Graduate?	Degree or Diploma
High School					
College					
Graduate					
Other					
Special skills/ Hobbies					
Foreign Language Spoken/Read					

EXPERIENCE AND CERTIFICATION

Do you have any Firefighting or EMS experience: ☐ Yes ☐ No Are you certified? ☐ Yes ☐ No State: _____

If Certified, at what level? ☐ FFI ☐ FFII ☐ FFIII ☐ FR ☐ EMT-B ☐ EMT-I ☐ EMT-P ☐ OTHER

Have you ever been a member of a Fire & Rescue Service? ☐ No ☐ Yes

If Yes, list department name and address: _____

Department reference name and phone number: _____

EMPLOYMENT

Present Employer: _____ Phone: _____

Address: _____

Dates Employed: _____ Length of Employment: _____ Position: _____

Previous Employer: _____ Phone: _____

Address: _____

Dates Employed: _____ Length of Employment: _____ Position: _____

REFERENCES

Please list three (3) references not related to you:

<u>Name</u>	<u>Address</u>	<u>Phone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

In the space below please indicate why you wish to join Newmarket Fire & Rescue:

I certify that all information provided in this membership application is true and complete. I understand that any false information or omission may disqualify me from further consideration for membership and may result in my dismissal if discovered at a later date. I authorize Newmarket Fire & Rescue representatives to contact the persons listed as references on this application.

Signature of Applicant

**YOU MUST MAKE AN APPT TO SPEAK WITH CHIEF MALASKY BEFORE FINGERPRINTING.
HE SETS THESE APPTS ON THE LAST TUESDAY OF THE MONTH AT 6:15Pm**

FOLLOW THESE DIRECTIONS FOR LIVESCAN FINGERPRINTING:

Fill out Section 1 of Form DSSP391 and sign

- **In Section II you only need your signature witnessed and stamped by a Notary**
- **Newmarket has a Prepaid Account to pay for the LiveScan**
- **Applicant must call for appointment (603) 223-3867 at Livescan Site Locations**

Hours of Operation: Monday – Friday 8:30 a.m. to 3:30 p.m.

The Division of State Police maintains six applicant livescan sites.

- Department of Safety Building, 33 Hazen Drive, Concord, NH 03305 - First Floor, Room 106A
- Manchester DMV Substation, 377 South Willow Street, Manchester, NH
- Dover Point DMV Substation 50 Boston Harbor Road (off Route 4), Dover, NH
- State Police Barracks Troop C, 15 Ash Brook Court, Keene, NH
- State Police Barracks Troop E, 1864 Route 16, Tamworth, NH
- State Police Barracks Troop F, 549 Route 302, Twin Mountain, NH

Required material when you go for your appointment:

Photo identification (driver's license; non-driver's license; passport)

Completed Criminal Record Release Authorization Form (Sections I and II)

When you've completed your fingerprinting

take FORM DSSP391 and fingerprint record from State Police to Newmarket Fire Department/Meg Trafton.

This paperwork is good for 30 days from date of fingerprinting



State of New Hampshire

Department of Safety
DIVISION OF STATE POLICE

Criminal Records Unit

33 Hazen Drive, Concord, NH 03305

Prepaid Account # 810024899

NEW HAMPSHIRE MUNICIPAL EMPLOYEE BACKGROUND CHECKS

EMPLOYEE/VOLUNTEER CANDIDATE BACKGROUND CHECKS NH RSA 41:9-b

INSTRUCTIONS

NH RSA 106-B:14 and Administrative Rule Saf-G 5700 authorizes the dissemination of NH Criminal History Record Information (CHRI) for non-criminal justice purposes. In NH, all CHRI is confidential and released only upon the knowledge and permission of the individual of whom the request is made. Individuals requesting their own record in person need only to complete Section I. If the CHRI is to be released to a third party, both Section I and Section II must be completed. All requests by mail must have both sections completed and Section II notarized.

SECTION I (PLEASE PRINT CLEARLY)

Last Name _____ First Name _____ Maiden _____ MI _____
Address _____ City _____ State _____ Zip _____
Date of Birth _____ Hair Color _____ Eye Color _____ ☐ Male ☐ Female
Driver's License Number _____ State _____

My signature below signifies I am the individual listed above and the information provided is true.

Signature _____ Date _____
Signed under penalty of unsworn falsification pursuant to RSA 641:13

SECTION II

I hereby authorize the release of my criminal record conviction(s), if any, to the following:
NEWMARKET POLICE DEPARTMENT

Address 70 Exeter Street City Newmarket State NH Zip 03857

Your Signature _____ Date _____

Notary's Signature _____ (AFFIX SEAL) _____

Signature of person/entity to receive record _____ Date _____

RECORD CHALLENGE

Saf-G 6703.12 Procedure for Correction of CHRI (a) Persons or their attorneys seeking access to their CHRI for the purpose of challenge or correction shall appear at the central repository. (b) A copy shall be provided to a person if after review he/she indicates he/she needs the copy to pursue the challenge. (c) Any person making a challenge shall identify that portion of his/her CHRI which he/she believes to be inaccurate or incorrect, and shall also give a correct version of his/her record with an explanation of the reason that he/she believes his/her version to be correct. (d) The director shall take the following actions within 30 days of receipt of challenge: (1) Review the records and contact the law enforcement agency or court which submitted the record to compare the information to determine whether the challenge is valid; (2) If the challenge is valid, which means there is a discrepancy between the information submitted and the information maintained by the law enforcement agency or court, the record shall be corrected and the person and appropriate CJAs shall be notified; and (3) If the challenge is invalid, the person shall be informed and advised of the right to appeal pursuant to RSA 641. (e) When a record has been corrected, the division shall notify all non-criminal justice agencies, to whom the data has been disseminated in the last year, of the correction. (f) The person shall be entitled to review the information that records the facts, dates, and results of each formal stage of the criminal justice process through which he passes, to ensure that all such steps are completely and accurately recorded.

WARNING: The Division of State Police is the Criminal Record Repository for the State of New Hampshire. The record you have received is based only on what has been reported to the Repository and may not be a complete Criminal History Record of the named individual.

FEES

X LIVESCAN: \$48.25 if printed at a State Police Livescan site

☐ INKED - \$47.00 VOLUNTEERS - \$30.75 (Livescan or Ink)

NOTE: Make checks payable to: State of NH - Criminal Records

☐ NH Only - \$25.00

☐ Applicant fingerprint card must be submitted at the same time as payment and this form.

"Serving the people with pride and integrity"

NEWMARKET POLICE DEPARTMENT

KYLE TRUE

Chief of Police

Administration • (603) 659-8505

Fax • (603) 659-8507



John Andrew Gordon
Memorial Building

70 Exeter Street
Newmarket, NH 03857

Police Services • (603) 659-6636

NEWMARKET PD BACKGROUND RELEASE WAIVER

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to be released to the Newmarket Police Department for whatever reasons he/she may deem appropriate in order to evaluate any police contact that I have experiences with any law enforcement agency. This applies to any and all records, which may be considered public, private or confidential by law. I hereby request and authorize you to furnish the above listed person/agency with any police files or reports pertaining to any arrest, summons, or other police action in which I was involved except juvenile records shall not be released without a court order. This authorization is specifically intended to include any and all information of a privileged nature as well as photocopies of such documents, if requested.

I understand that any information obtained by a personal history background check, which is developed directly or indirectly in whole or in part, upon this release, may be considered by the requesting person/agency for whatever purposes they deem appropriate. I hereby affirm and certify that any persons, agencies and businesses listed above or agents thereof who receive such information concerning me shall not be held liable for receiving such information; and I do hereby release the Town of Newmarket and all agents of the Town of Newmarket Police Department from any and all liability which may be incurred as a result of furnishing such information. This background release waiver shall expire ninety (90) days from the date signed and a photocopy or facsimile will be valid as an original thereof, even though the said document doesn't contain an original writing of my signature.

Signature of Person Authorizing
Information Release

Date of Birth

Date Waiver Signed

Witness Signature

Witness Name – Printed

*Note: Witness must confirm person's identity through photo driver's license or other valid identification

Please print your address:



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][] - [][] - [][][][]		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (See instructions)
<p>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>
<p>QR Code - Section 1 Do Not Write In This Space</p>

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page





Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identify and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)	City or Town	State	ZIP Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 		<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.